

City of Seat Pleasant 457 Plan Enrollment Form

☐ New Participant
 ☐ Address Change
 ☐ Contribution Change
 Account # _____ (office use)

1. PERSONAL INFORMATION

First Name:	M.I.	Last Name:
Social Security Number:	Birth Date:	Hire Date:
Street	City	State Zip
Address:		
Phone Number:	Email:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married

2. CONTRIBUTIONS

- ☐ I wish to contribute _____ % of my salary per pay period
☐ I wish to contribute _____ \$ of my salary per pay period
☐ I do not wish to participate at this time
- Start date for contributions: _____ or ☐ Please choose start date closest to next payroll cycle

3. SELECT YOUR INVESTMENTS

To invest in a predefined Model Portfolio select from the list below. You may elect only one model allocation and the default percentage is automatically a 100%.

CONSERVATIVE PORTFOLIO	<input type="checkbox"/> ____%
MODERATELY CONSERVATIVE PORTFOLIO	<input type="checkbox"/> ____%
MODERATE PORTFOLIO	<input type="checkbox"/> ____%
MODERATELY AGGRESSIVE PORTFOLIO	<input type="checkbox"/> ____%
AGGRESSIVE PORTFOLIO	<input type="checkbox"/> ____%

-OR- To create your own asset allocation, simply enter an amount from 1% to 100% in the row associated with that fund. The percentage allocations must total 100%. Any percentage remaining will automatically be allocated to the default investment for the Plan.

MF4470	Reliance Trust Stable Value MetLife GAC Ser 25053	Stable Value	_____	%
VBTLX	Vanguard Total Bond Market Index Admiral	US Fixed Income	_____	%
VBIRX	Vanguard Short-Term Bond Index Admiral	US Fixed Income	_____	%
VBILX	Vanguard Intermediate-Term Bond Inx Admiral	US Fixed Income	_____	%
VAIPX	Vanguard Inflation- Protected Securities Admiral	US Inflation Protected Bonds	_____	%
VICSX	Vanguard Intermediate- Term Corporate Bond Index Admiral	US Corporate Bond	_____	%
VTABX	Vanguard Total International Bond Index Admiral	World Bond	_____	%
VIGAX	Vanguard Growth Index Admiral	US Large Cap Equity	_____	%
VLCAX	Vanguard Large Cap Index Admiral	US Large Cap Equity	_____	%
VTMAX	Vanguard Total Stock Markets Index Admiral	US Large Cap Equity	_____	%
VVIAX	Vanguard Value Index Admiral	US Large Cap Equity	_____	%
VIMAX	Vanguard Mid Cap Index Admiral	US Mid Cap Equity	_____	%
VMGMX	Vanguard Mid-Cap Growth Index Admiral	US Mid Cap Equity	_____	%
VMVAX	Vanguard Mid-Cap Value Index Admiral	US Mid Cap Equity	_____	%
VSGAX	Vanguard Small Cap Growth Index Admiral	US Small Cap Equity	_____	%
VSMAX	Vanguard Small Cap Index Admiral	US Small Cap Equity	_____	%
VSIAX	Vanguard Small Cap Value Index Admiral	US Small Cap Equity	_____	%
VTIAX	Vanguard Total International Stock Index Admiral	International Equity	_____	%
VEUSX	Vanguard European Stock Index Admiral	European Region Equity	_____	%
VEMAX	Vanguard Emerging Markets Stock Index Admiral	Emerging Markets Equity	_____	%
VGSLX	Vanguard REIT Index Admiral	REIT	_____	%
VGPMX	Vanguard Global Capital Cycles Investor	Commodities	_____	%

PLEASE NOTE: Your total must equal 100% **TOTAL** _____ %

I, the undersigned, consent to making the preceding salary deferral election and investment election. I understand that payroll will begin processing my elections and/or changes as soon as possible.

Participant Signature:  _____ Date: _____

Participant Name: _____

☐ Initial Designation
☐ Change

4. NAME YOUR BENEFICIARIES

Primary Beneficiary(ies): I designate the following person(s) below as my primary beneficiary(ies) to receive payment of the value of my City of Seat Pleasant 457 account upon my death.

Name:		% Share:
Social Security #:	Relationship:	
Address:		
City, State, Zip:		Phone Number:
Name:		% Share:
Social Security #:	Relationship:	
Address:		
City, State, Zip:		Phone Number:
PLEASE NOTE: If you designate more than one beneficiary, the percentage allocations must add up to 100%		

Contingent Beneficiary(ies): If no primary beneficiary(ies) survives me, I designate that the balance of my 457 account be distributed to my contingent beneficiary(ies) below.

Name:		% Share:
Social Security #:	Relationship:	
Address:		
City, State, Zip:		Phone Number:
Name:		% Share:
Social Security #:	Relationship:	
Address:		
City, State, Zip:		Phone Number:
PLEASE NOTE: If you designate more than one contingent beneficiary, the percentage allocations must add up to 100%		

I understand that if no beneficiary survives me or if my beneficiary(ies) cannot be located, the plan will distribute the benefits to my estate. I understand that if I fail to indicate share percentages, all benefits will be divided equally among the beneficiaries I designate.



Participant Signature _____

Date _____

[updated 01/2019]